



Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

2014 CAMP ARROWHEAD BROCHURE



REGISTRATION PROCESS FOR CAMP ARROWHEAD

In order to register for Camp Arrowhead 2014, the following **3 requirements must be submitted together at the time of registration:**

- 1) Completely filled out and signed Registration Form
- 2) A Physical printout from doctor with a current Immunization Record, dated within 1-year of campers last date of camp.
☆ ***We will not accept Registration without your camper's most recent physical.***
- 3) Payment
 - a) Full payment with Registration Form
OR
 - b) 20% *non-refundable* deposit
OR
 - c) Commitment letter from school/agency responsible for payment

NATICK RESIDENTS will have priority by completing the **3 requirements listed above** and register by **Friday, March 28, 2014 at 5:00 pm** after which it's first come, first served based on availability.

Also, based on availability, **NON-RESIDENTS** may submit their *Camper Registration Forms* beginning Monday, March 31, 2014 at 8:00 am by fulfilling the **3 requirements listed above**.

Bring all required Registration Forms to:

Natick Recreation and Parks Department (Cole Center)
179 Boden Lane
Natick, MA 01760



CAMP ARROWHEAD

Day Camp

Arrowhead is a camp for individuals with disabilities who are 5 years old and up. The Camp is located in a beautiful wooded setting on the shore of Lake Cochituate at the Amputee Veteran's site at 1055 Worcester Rd. • Natick, MA 01760. The camp is sponsored by the NR&PD and PATH (Parents Association for the Handicapped, Inc.) The camp day begins with "Opening Circle", which includes singing and announcements. The rest of the day includes recreational swimming, arts and crafts, creative dramatics, yoga, music, adaptive sports, life skills program, nature and gardening classes and much more. Our days are themed and we sometimes have special guests that come to visit our program.

Campers should bring a bag lunch and a drink. Refrigeration is provided.

Visit our website at <http://camparrowheadnatick.com>

Sessions:

There are (6) one-week sessions, Monday through Friday • 9:00 am - 3:00 pm.

Session 1	June 30	–	July 3	(4 Days - No Camp July 4)
Session 2	July 7	–	July 11	
Session 3	July 14	–	July 18	
Session 4	July 21	–	July 25	
Session 5	July 28	–	August 1	
Session 6	August 4	–	August 8	
Family Day • August 10 • 11:30 am - 3:00 pm				

Fees:

Natick Resident - Session 2 - 6 • \$250/Session ♦ Session 1 • \$200
Non-resident - Session 2 - 6 • \$300/Session ♦ Session 1 • \$240

Note: We will be conducting a mandatory pre-camp meeting for all new campers on May 18. Our Camp Director will be contacting you in April to set up a time to meet.

Health and Safety

- A Camp Nurse will be on site at all times for both the Day Camp and the week of Residential Camp. A Doctor is also on call if needed. Natick Fire Rescue is only minutes away. All waterfront personnel are fully trained as well as being certified in First Aid and CPR. A Medication Authorization Form is required to be filled out completely and signed by the parent(s)/guardian(s) prior to attending camp as well as a physical (including up to date immunizations) dated within 12-months of your campers last day of camp. **Physicals and immunizations are due with camper registration or else your child does not get on the roster.**

Medication Authorization Forms are due by Friday, May 30. Go to www.natickma.gov/recreation under Brochures, Flyers and Applications section.

Nurse's e-mail

- For any questions regarding medical information, please contact Nurse Susan at camparrowheadnurse@gmail.com

Staff and Volunteers

- A number of our key staff will be returning to Camp Arrowhead this summer. Complimenting our staff are volunteers who provide a one to one camper relationship. Volunteers who are entering grade 9 and up are needed for our camp season. A minimum two-week commitment is required. Applications will be available Friday, March 21. Applications must be completed and returned by **Tuesday, April 29, 2014.**

If you are planning to earn Community Service Credits toward graduation, please let us know prior to your first week at camp.

Call the NR&PD at (508) 647-6530 Arrowhead or visit our website at <http://camparrowheadnatick.com> if you would like more information or have questions about Camp.

Transportation for Natick Residents

- Natick Recreation & Parks Department has limited transportation for only six Natick individuals at the price of \$50/Session (\$40/Session 1) for the 2014 camp season. This service is available on a first come, first served basis. The Department encourages parents who need this service to act promptly due to 2014 Recreation Department transportation limitations.

Residential Camp • Ages 10 & Older

Residential Camp is **FOUR NIGHTS** and **FIVE DAYS** in cabins at Lions Camp Pride in New Durham, NH. A list of items to bring will be given to each camper who registers. Any new camper interested in Residential Camp will get a follow-up brochure with more details. **New campers must attend at least one week of day camp and will arrange a meeting after that week to discuss Residential Camp.**

Residential Dates and Fees are as Follows:

DATE:

FRIDAY, August 15 - **TUESDAY**, August 19

NOTE:
4 NIGHTS
5 DAYS

FEES:

Natick Resident - \$675 • Non-Resident - \$775

DONATIONS FOR CAMP ARROWHEAD

PATH (Parent's Association of The Handicapped) gives financial assistance for "qualified" families. Even with PATH's fundraising, we still have difficulty meeting the needs of qualified families. If you, your friends, your house of worship or place of business are able to help with a donation, we may be able to help more families. Donations are tax deductible.

Checks should be made payable to:

PATH

c/o: Natick Recreation and Parks (Cole Center)
179 Boden Lane • Natick, MA 01760

**Deadline to submit applications to PATH for Financial Aid is May 30, 2014
Forms can be picked up at the Cole Center • 179 Boden Lane • Natick.**

2014 • CAMP ARROWHEAD REGISTRATION FORM

TO REGISTER AND GET A SPOT ON THE ROSTER, ALL THREE PARTS BELOW MUST BE SUBMITTED AT THE SAME TIME.

- ☐ **Registration Form** completely filled out on **both sides** • **(ALL LINES ARE MANDATORY)**
- ☐ **Most Recent** (w/in 1 years of your child's last day of camp.) **Physical Printout from Doctor** including **Current** Immunization Record
- ☐ **Full Payment** -OR- ☐ **20% Payment (Non-refundable)** -OR- ☐ **Commitment letter from school and/or agency responsible for payment**

General Camper Data

• **One Form for Each Camper**

• Please fill out each line on form (If not applicable, place an N/A)

Name: _____ Date of Birth ____/____/____
Last First Middle Initial

Age (as of 7/1/14) _____ M ☐ F ☐ Parent/Guardian E-mail Address _____

Campers Address _____
Street Town State & Zip Telephone

Parents Address _____
(If Different) Street Town State & Zip Telephone

Parent/Guardian _____
(Mother) Last First Work # Cell # At Home ☐

(Father) Last First Work # Cell # At Home ☐

Insurance Information:

MANDATORY: MUST BE FILLED OUT

Health Plan/HMO: _____

Policy or Group #: _____

Photographs/Publicity:

Please note that photos of your child may be used for various publicity medias.

Emergency Contact(s) Other Than Parent:

(Mass. Dept. of Public Health Requires 2 Emergency Contacts)

MANDATORY MUST BE FILLED OUT

Name: _____ Telephone #: (____) _____

Relationship _____

Name: _____ Telephone #: (____) _____

Relationship _____

Session(s) Desired (Please Circle)								Cost
Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Transportation to camp	Residential	
6/30 - 7/3 NO CAMP JULY 4	7/7 - 7/11	7/14 - 7/18	7/21 - 7/25	7/28 - 8/1	8/4 - 8/8	Natick Residents Only Circle Session(s) 1 2 3 4 5 6	8/15- 8/19 FRIDAY - TUESDAY	

Optional donation for financial aid for the disabled and financially needy of \$1.00 \$ _____

Make Checks Payable to:

TOWN OF NATICK

Total Cost \$ _____

A \$25.00 fee will be charged for all returned checks



MC/Visa/ Discover

Expiration Date ____/____ CVC Code # _____

(Far right 3-Digit #'s from back of card)

SIGNATURE _____ DATE ____/____/____

(NRPD • AH • 01/14)

179 Boden Lane • Natick, Massachusetts 01760 • Phone (508) 647-6530 • Fax (508) 647-6535 • Website <http://natickma.gov/recreation>

(OVER ➡)

2014 • CAMP ARROWHEAD REGISTRATION FORM

ALLERGIES - Food/Drugs/Insect/Animal _____

Camper Profile

Mandatory

Primary Diagnosis _____

Medications* _____

School/Employment Program _____ Phone _____ Grade _____

Special Needs Teacher/Liaison _____ May We Contact This Person? Y ☐ N ☐

Emotional/Behavioral Issues _____

Methods Of Communication _____

Intervention Suggestions _____

Other Medical/Physical Issues _____

Recreational Goals, Interests, Etc. _____

Camper Requires or Uses:

☐ Needs Assistance Feeding ☐ Braces ☐ Crutches ☐ Wheel Chair/Stroller ☐ Prosthesis ☐ Walker

☐ Splint ☐ Hearing Aid ☐ Other (i.e., earplugs, etc.) _____

Other restraints (specify) _____

Is camper able to keep track of his/her equipment? _____

Is camper toilet trained? Yes ☐ No ☐ If no, please describe preferred procedures _____

Menstruation? Yes ☐ No ☐ Preferred sanitary procedures _____

Swimming Ability ☐ Beach/Dock Only ☐ Shallow ☐ Deep Water (Camper will be tested)

Shirt Size _____

*** MEDICATION AUTHORIZATION FORM MUST BE FILLED OUT AND RETURNED BY MAY 30, 2014.**

Parental/Guardian Consent, Release from Liability and Indemnity Agreement

On behalf of my camper, a minor, I hereby consent to my camper's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my camper or property damage resulting from my campers participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor camper and which said minor camper has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my camper or property damage resulting from my campers participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my camper's participation in these programs is voluntary and that my camper and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my camper to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage my camper or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my camper be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature _____ Date _____

(Parent or Guardian)



Natick Recreation and Parks Department

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ARROWHEAD 2014 Payment Responsibility

Campers Name: _____ Phone # (_____) _____
Area Code

Address: _____
Street

Town State Zip

FILL IN SCHOOL/AGENCY CONTACT PERSON/PEOPLE RESPONSIBLE FOR PAYMENT

NOTE: Letter Of Commitment Must Accompany This Form

School/Agency
Contact Person: _____ Phone # (_____) _____
Area Code

Address: _____
Street

Town State Zip

Other: _____ Phone # (_____) _____
Area Code



MC/Visa/ Discover

Expiration Date ____/____/____ CVC Code # ____
(Far right 3-Digit #'s from back of card)

SIGNATURE _____ DATE ____/____/____

SESSION(S) DESIRED

Please check box(es)

				<u>Resident</u>	<u>Non-Resident</u>	<u>Amount</u>
<input type="checkbox"/>	SESSION 1	June 30 – July 3 (4 Days - No Camp July 4)		\$200.00	\$240.00	\$ _____
<input type="checkbox"/>	SESSION 2	July 7 – July 11		\$250.00	\$300.00	\$ _____
<input type="checkbox"/>	SESSION 3	July 14 – July 18		\$250.00	\$300.00	\$ _____
<input type="checkbox"/>	SESSION 4	July 21 – July 25		\$250.00	\$300.00	\$ _____
<input type="checkbox"/>	SESSION 5	July 28 – August 1		\$250.00	\$300.00	\$ _____
<input type="checkbox"/>	SESSION 6	August 4 – August 8		\$250.00	\$300.00	\$ _____
<input type="checkbox"/>	RESIDENTIAL	August 15 - August 19 (Friday - Tuesday)		\$675.00	\$775.00	\$ _____
<input type="checkbox"/>	Limited Bus Transportation for Day Camp			\$40.00/Sess 1	\$50.00/Sess 2 - 6 (for Natick Residents Only)	\$ _____

TOTAL \$ _____

<u>PAID BY</u>	<u>DATE</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>BALANCE</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____



Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

February 3, 2014

Dear Parent of Woodtrail/Arrowhead Camper,

The Massachusetts Department of Public Health requires that any medication(s) administered by a licensed day camp needs an **"Authorization to Administer Medication to a Camper" form filled out and signed by the camper's parent or guardian**. Without this form, we cannot administer medication to your son and/or daughter. This form must be filled out completely and returned to the Recreation and Parks Department by Friday, May 16. Please note that only medication(s) provided in the original, pharmacy labeled container will be administered.

Please call us at the Recreation Department at (508) 647-6530 if you have any questions. Thank you in advance for your cooperation in this matter.

Respectfully,

Jon Marshall, Director

Natick Recreation and Parks Department

/ljp

20__ CAMP WOODTRAIL • CAMP ARROWHEAD
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
(To be completed by Parent/Guardian)

Name of Camper: _____ DOB: _____ Parent/Guardian Name: _____
Diagnosis: _____ Home Telephone: _____
Allergies: _____ Business Telephone: _____
Reaction to Allergen: _____ Emergency Telephone: _____
Severity: _____ Has Epi-pen Ever Been Given: Yes ☐ No ☐ N/A ☐

Name of Medication: _____ Dose Given at Camp: _____
Route of Administration: _____ Frequency: _____ Quantity Received: _____
Specific Directions/Precautions: _____
Possible Side Effects/Adverse Reactions: _____

Name of Medication: _____ Dose Given at Camp: _____
Route of Administration: _____ Frequency: _____ Quantity Received: _____
Specific Directions/Precautions: _____
Possible Side Effects/Adverse Reactions: _____

Name of Medication: _____ Dose Given at Camp: _____
Route of Administration: _____ Frequency: _____ Quantity Received: _____
Specific Directions/Precautions: _____
Possible Side Effects/Adverse Reactions: _____

Name of Licensed Prescriber: _____ Business Telephone: _____
Emergency Telephone: _____

All medications on this page are to be given as described under Massachusetts Department of Public Health (MDPH) Regulation **CMR 430.160 (A), (C) AND (D)***
(See enclosed description)

Authorization to Administer Medication

Camp Woodtrail/Arrowhead is hereby authorized to administer the medications(s) listed above to my child _____
per MDPH Regulation CMR 430.160 (A), (C), and (D). (NAME OF CHILD)

Parent/Guardian Signature: _____ **Date:** _____
(NRPD 2/14)

20___ CAMP WOODTRAIL • CAMP ARROWHEAD
AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
(To be completed by Parent/Guardian)

*** MDPH Regulation CMR 430.160**

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration or medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, there is written permission from the parent/guardian and the health care consultant approves in writing the administration of the medications.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor - A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.